

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2014
FORM APPROVED
OMB NO. 0938-0391

45th 2/22/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445237	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 01/07/2014
NAME OF PROVIDER OR SUPPLIER CHURCH HILL CARE & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 701 WEST MAIN BLVD CHURCH HILL, TN 37642		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain hazardous area construction. The findings include: Observation and interview with the Maintenance Director, on January 7, 2014 at 10:55 a.m. confirmed the clean utility room door frame was sprung at the lower half and would not resist the passage of smoke. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 7, 2014.</p>	K 018	<ol style="list-style-type: none"> 1. The clean utility room door was replaced 1/24/14 by a licensed contractor. 2. All other doors were assessed to ensure they resist the passage of smoke by the Plant Operations Manager 1/24/14 and found to be sufficient. 3. The Plant Operations Manager and/or his assistant will complete a monthly audit of the facility for three months to ensure all doors within the building sufficiently resist the passage of smoke. 4. Any areas identified will be reported by the Plant Operations Manager and corrected to ensure compliance at the monthly Quality Assurance and Performance Improvement meeting comprised of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, MDS Nurse, Social Services Director, Nurse Educator, Dietary Manager, Activities Director, Plant Operations Manager, Medical Records Director, Environmental Director, and the Rehab Manager. 	1/24/14	
K 029	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 029			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Don D. Davis

TITLE

Administrator

(X6) DATE

1/29/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

CHURCH HILL CARE & REHAB CTR

STREET ADDRESS, CITY, STATE, ZIP CODE

701 WEST MAIN BLVD
CHURCH HILL, TN 37642

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K 029 SS=D	Continued From page 1 One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain hazardous area construction. The findings include: Observation and interview with the Maintenance Director, on January 7, 2014 at 10:55 a.m. confirmed the Activity Director's office was also used to store combustibles and was not provided with a door closer. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 7, 2014.	K 029	1. A door closer was installed on the Activity Director's Office door 1/8/14 by the Plant Operations Manager. 2. All other doors were assessed by the Plant Operations Manager 1/8/14 to ensure self-closers were applied in areas where combustibles were stored, and found to be sufficient. 3. The Plant Operations Manager and/or his assistant will complete a monthly audit for three months of the facility to ensure all doors have self-closers in areas where combustibles are stored. 4. Any areas identified will be reported by the Plant Operations Manager and corrected to ensure compliance at the monthly Quality Assurance and Performance Improvement meeting comprised of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, MDS Nurse, Social Services Director, Nurse Educator, Dietary Manager, Activities Director, Plant Operations Manager, Medical Records Director, Environmental Director, and the Rehab Manager.	1/8/14
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067	1. The 16"x16" fire damper in the recreation room is maintained and will be serviced again on 2/3/14, including cleaning and/or replacement of the damper by a licensed contractor. 2. All other fire dampers in the facility will be inspected by a licensed contractor to ensure they are sufficiently maintained and functioning properly by 2/21/14. (Bid available for review if needed.)	2/21/14

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K 067	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined fire dampers were not maintained. The findings include: Observation and interview on January 7, 2014 at 11:45 a.m. confirmed the 16" x 16" fire damper in the recreation room was heavily corroded. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 7, 2014.	K 067	3. The fire dampers will continue to be inspected at least every four years per regulation by a properly trained, qualified and certified company or person acceptable to the authority having jurisdiction, and will be scheduled by the Plant Operations Manager or his assistant. 4. Any areas identified will be reported by the Plant Operations Manager and corrected to ensure compliance at the monthly Quality Assurance and Performance Improvement meeting comprised of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, MDS Nurse, Social Services Director, Nurse Educator, Dietary Manager, Activities Director, Plant Operations Manager, Medical Records Director, Environmental Director, and the Rehab Manager.		